

## **VERIFICATION FORM**

STATE OF HAWAII	)	SS:
CITY AND COUNTY OF HONOLU	JLU )	33:
	_	uly sworn on oath, deposes and says that ide with sufficient personal knowledge or
information to form an understanding and belief that the statements are true.		
DATED: Honolulu, Hawaii,	Da	te
Signature of Complainant		
Subscribed and sworn to before me		
this day of	, 19	
Notary Public, State of Hawaii		
My commission expires:		